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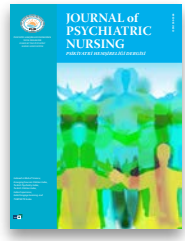

Qualitative Research

Family support from the perspectives of individuals with schizophrenia: A qualitative study

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Abstract

Objectives: This study aimed to determine the views, expectations, and experiences of individuals with schizophrenia regarding family support.

Methods: A descriptive qualitative design was employed. Semi-structured, in-depth interviews were conducted to ascertain the views, expectations, and experiences of individuals with schizophrenia regarding family support. The study was carried out at a Community Mental Health Center in Türkiye between January and June 2022, with the participation of 19 individuals with schizophrenia until data saturation was reached. Qualitative data were analyzed using content analysis.

Results: The analysis of the interviews revealed four themes regarding the definitions and expectations of family support among individuals with schizophrenia: financial support, emotional support, care, and support for socializing. Emotional support emerged as the most emphasized form, with expressions such as "standing behind," "standing by," and "taking care of" standing out as key elements of this theme. In the care support theme, concepts such as "help" and "mutualization" were prominent, while "money" and "allowance" were highlighted in the financial support theme. Regarding support for socializing, participants expressed a desire to engage in social activities together.

Conclusion: The findings suggest that individuals with schizophrenia experience significant challenges in receiving family support, particularly emotional support. Family intervention programs aimed at increasing awareness and promoting a better understanding of the individual may benefit both patients and their families.

Keywords: Family; family support; qualitative research; schizophrenia

Families are important sources of social support during the recovery process of individuals with schizophrenia. The recovery model of mental health emphasizes the critical role of social support. According to this model, when individuals with serious mental illnesses develop relationships where they find unconditional love and support, they can cope more effectively with the symptoms of their illness and move forward in the recovery process. The recovery-oriented approach provides a framework that supports individuals by empowering them and giving meaning to their lives.[1] By providing both psychological and practical support (e.g., financial assistance and housing support) to individuals with serious mental illness, family instills hope and motivates them to participate in the recovery process. Family support for individuals with schizophrenia can be provided in various ways, such as helping with symptom management, providing support for activities of daily life and the treatment process, increasing motivation, promoting autonomy, strengthening communication, supporting productivity, and maintaining togetherness.[2,3]

Although the concept of family support is widely discussed, there are still uncertainties and it is often considered in conjunction with the concept of social support. Family support

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refers to the assistance provided by other family members to members in need. Family support has many aspects, such as emotional, informational, and instrumental support.[4] Emotional support refers to love, respect, and care; instrumental support refers to financial support; and informational support refers to providing advice, ideas, and information. Family support has important effects on individuals' lives, including positive effects on their ability to cope with stress, quality of life, and disease management.[5] The support people receive from their families positively affects their physical and psychological well-being by meeting their needs such as love, attachment, self-esteem, and belonging.[6]

Supportive family environments increase treatment adherence, improve social cognition, and contribute to more favorable disease prognosis by stimulating brain activity.[7] The emotional expression of an individual with schizophrenia in the family environment is an important factor in relapse and rehospitalization.[8] Discrimination and blame can lead to negative emotions, impulsive behaviors, depressive symptoms, and social withdrawal. By contrast, open communication and a supportive attitude contribute positively to an individual's recovery process by strengthening family ties.[9] Inadequate family support increases the risk of relapse in individuals with schizophrenia, whereas strong family support is associated with more favorable clinical outcomes.[10] Considering the effects of family support in individuals with schizophrenia, targeted interventions such as psycho-educational programs are essential to improve these outcomes. Psycho-educational programs to strengthen the family are necessary to reduce the relapse rate and improve the quality of life of individuals.[11] The literature shows that family interventions are effective in alleviating symptoms, increasing functionality, and supporting adherence to treatment. Active participation of family members in the care process reduces hospitalization and increases treatment satisfaction and adherence.[12,13] A systematic review emphasized the importance of collaboration between individuals with schizophrenia, their families, and service providers, based on open communication and information sharing.[14] Family-centered care for individuals with schizophrenia requires empathy and respect as well as active participation and empowerment of families in decision-making. Family-centered care recognizes the patient and family as experts in their own experiences and promotes mutually beneficial collaboration with healthcare providers. Families play an important role in making decisions about treatment, as they play a continuous role in patients' lives and are the ones who know their needs the best.[14,15]

The qualitative study conducted by Aldersey et al.[16] reflecting the perspectives of individuals with schizophrenia shows that family is a factor that can both support and hinder recovery in individuals with schizophrenia. While the family facilitates recovery by providing moral support, practical support, and motivation to recover, it can negatively affect recovery through factors such as being a source of stress, stigmatization, lack of understanding, and compulsory hospitalization. In a qualitative study conducted in Türkiye, individuals with schizophrenia shared their perceptions of social support from family, friends, and special people. They emphasized that instrumental, emotional, and socializing support is beneficial, while stigmatization and excessive control harm well-being.[17] In a qualitative study conducted by Baştuğ and Karancı (2016) in Türkiye, individuals with schizophrenia stated that they received support from their mothers, fathers, siblings, spouses, children, and other relatives. Moral support was the most frequently used type of support. In addition, individuals also stated that they received support through medication and treatment follow-up, transportation to health institutions, financial assistance, support in daily work, and socialization opportunities.[18]

What is presently known on this subject?

- Schizophrenia profoundly affects individuals and families, with family support being vital for treatment adherence, relapse prevention, and overall well-being. Research emphasizes the importance of family-centered interventions and psychoeducation to improve the experiences of both individuals with schizophrenia and their caregivers.

What does this article add to the existing knowledge?

- This study emphasizes the perspective of individuals with schizophrenia, showing that emotional support is the most crucial form of family support. Such individuals view their families as indispensable and expect unconditional support, highlighting the need for a patient-centered approach.

What are the implications for practice?

- Mental health professionals should prioritize family-inclusive care, emphasizing emotional support and understanding, while psychoeducation programs should improve communication skills and community services to promote family involvement in treatment.

While the importance of family support is widely recognized,[6,7,10] it is crucial to distinguish it from broader concepts of social support to understand the unique role of recovery in schizophrenia. In Turkish society, the traditional family structure plays a central role in the social support mechanisms of individuals and may also be decisive in the care of individuals with schizophrenia. There is limited research on the meaning of family support and individual support needs of individuals with schizophrenia in the Turkish culture.[17,18] In addition, the lack of a family support scale developed for individuals with schizophrenia that is specific to Turkish culture reveals an important gap in this field.

This study aimed to investigate the views, expectations, and experiences of individuals with schizophrenia regarding family support. To achieve this objective, this study addressed the following research questions: How do individuals with schizophrenia define their family support? What are the views and expectations of individuals with schizophrenia regarding family support?

Table 1. Qualitative interview questions

1. What is family support, and what do you think when someone says family support?
2. Who supports you in your family?
3. What makes you feel supported by your family?
4. How would you like family support to be?
5. What do you think is missing in family support?

Follow-up questions

1. You said …, could you elaborate on it?
2. What did you mean by …?
3. In which issue would you like your family to support you?

The study is expected to reveal the role of family support in the recovery process of individuals diagnosed with schizophrenia and to identify culturally specific forms of support. These findings would contribute to the development of family-based interventions for individuals and help create more effective support mechanisms for individuals with schizophrenia. In addition, it is expected to raise awareness about the attitudes of family members towards relatives with schizophrenia, and the results would shed light on policies regarding the care and support of individuals with schizophrenia.

Materials and Method

Type and Design

Qualitative research utilizes data collection methods such as observation, interviews, and document analysis to present perceptions and events realistically and comprehensively.[19] This study used a descriptive qualitative design. Descriptive qualitative research aims to understand a phenomenon in detail from the participants' perspective by focusing on description rather than interpretation. This provides naturalistic data in a real-world context. The flexible and variable nature of this approach allows for the creation of rich data summaries using different data collection and analysis methods with no clear design boundaries.[20] A purposive sampling method was employed in the identification and selection of cases that were expected to provide rich information.[21]

Place and Date

Data were collected at the Community Mental Health Centre (CMHC) in Türkiye between January and June 2022.

Population and Sample

The study sample consisted of 19 individuals diagnosed with schizophrenia, who were registered in a CMHC and received regular health services during the data collection process. The interviews were conducted until data saturation was achieved, when the data began to be repeated, which was determined by the repetition of information from the interviews with the 19 participants.[22] Inclusion criteria for the study were as follows: age between 18 and 65 years, diagnosis of schizophrenia according to DSM-V by a psychiatrist, and being able to provide informed consent. The exclusion criteria were having acute psychotic episodes.

Data Collection

Data were collected through in-depth semi-structured interviews conducted face-to-face. An interview form containing open-ended questions (Table 1) and a sociodemographic information form (Table 2) were used in the interviews. The interview questions were determined by obtaining the opinions of three faculty members who were experts in the field of psychiatric nursing, in accordance with the purpose of the study. Pilot interviews were conducted with two participants to assess the validity and applicability of the data collection tool. No changes were required to the interview form. The data obtained at this stage were not included in the analysis and participants were not included in the study group. The interviews were conducted by the first author, an expert in the field of psychiatric nursing who had received training in qualitative research. The interviews were audio-recorded in the training/meeting room of the Community Health Center and lasted for approximately 20–40 minutes.

Ethical Responsibilities

This study was conducted in accordance with the Declaration of Helsinki. Approval was obtained from the Non-invasive Clinical Studies Ethics Committee of the Institute of Health Sciences, Marmara University (22/03/2021-42), and institutional permission was obtained (date: 13/10/2021). Explanations were made to the participants regarding the confidentiality of their identifying information and the design of the study, and their verbal and written consent was received. Confidentiality of personal information was guaranteed. The data were stored on a password-protected computer and securely kept in an encrypted digital format to prevent unauthorized access. The results were reported with codenames in the form of M1, M2, M3... for males and F1, F2, F3... for females.

Table 2. Sociodemographic characteristics of participants

Patient	Age	Gender	Education level	Marital status	Working status	Living with family	Age of disease onset
M1	42	Male	High School	Single	Not working	Yes	20
M2	43	Male	Middle School	Single	Not working	Yes	21
M3	43	Male	Elementary School	Divorced	Not working	Yes	23
M4	34	Male	High School	Single	Not working	Yes	19
M5	43	Male	High School	Single	Disability retirement	Yes	26
M6	41	Male	High School	Single	Not working	Yes	18
M7	27	Male	High School	Single	Not working	Yes	17
M8	45	Male	High School	Divorced	Disability retirement	Yes	15
F1	40	Female	Associate	Single	Working	Yes	20
M9	44	Male	Elementary School	Married	Working	Yes	34
F2	63	Female	High School	Single	Not working	Yes	16
M10	55	Male	Elementary School	Married	Disability retirement	Yes	25
M11	23	Male	High School	Single	Not working	Yes	11
F3	43	Female	Undergraduate	Single	Not working	Yes	18
M12	37	Male	High School	Single	Disability retirement	Yes	25
M13	52	Male	High School	Single	Not working	No	30
M14	44	Male	Elementary School	Single	Not working	Yes	17
F4	32	Female	High School	Married	Working	Yes	19
F5	45	Female	High School	Single	Not working	Yes	19

Data Analysis

The study was conducted in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist.[23] Individual in-depth interviews were analyzed using content analysis, a method that systematically organizes data into meaningful units, codes, themes, and categories to facilitate comprehension for the reader.[24,25] The data analysis was performed through collaboration between the authors. The second author, who possessed expertise in qualitative methodology, was a professor in the field of psychiatric nursing and had published extensively on schizophrenia. The interviews were transcribed utilizing the speech-to-text function of Google Docs, with the original data preserved in a Microsoft Word document. Two researchers independently analyzed the data by reading the transcripts multiple times. They carried out the coding process separately, identifying all concepts relevant to the purpose of the study. They then organized several online meetings to discuss the meaning of the coding and reach a consensus. As a result of these discussions, they decided to identify themes and group them into a common category. While reporting the themes and categories, statements that were thought to best reflect the participants' views and experiences regarding family support were used as direct quotations. Finally, the researchers organized, interpreted, and reported the results. All interviews and analyses were conducted in Turkish, and the initial draft was composed in the same language. A professional translation service was employed to render the content in English, which was subsequently reviewed and discussed by the research team.

Trustworthiness

This study adhered to qualitative research validity and reliability criteria including credibility, transferability, dependability, and confirmability.[26] For credibility purposes, the participants were provided with related study findings, with no changes made based on their feedback. Transferability was ensured by a detailed description of the study steps. The results included direct quotes from the participants. Dependability was achieved through collaborative data analysis with two researchers discussing and agreeing on the findings. To ensure confirmability, participants' statements were repeated and clarified during the interviews, summarized at the end, and approved by them, allowing for additions. All documents and audio recordings were archived.

Results

The sociodemographic characteristics of the individuals with schizophrenia who participated in this study were as follows; five of the participants were women, 14 were men, and their ages varied in the range of 27–63. Three participants were married, two were divorced, and the rest were single. Three participants were working, four were retired because of disability, and the remainder were not working. One was living with his sibling, who also had a diagnosis of schizophrenia, and the remainder lived with their families (Table 2).

Table 3. Classification of category, themes, codes

Category: Family support definitions and expectations of individuals with schizophrenia			
Themes	**Codes**	**n**	**Participants**
Emotional support	Attention	4	M3, M4, M6, M11
	Love/compassion	8	M3, M4, M6, M7, M8, F1, M11, F4
	Respect	5	M6, M7, M8, F1, F4
	Sensibility/leniency/empathy	9	M2, M4, M6, M8, M9, M11, M12, F4, F5
	Good treatment/speaking well (with the patient)/no insults	7	M3, M4, M5, M7, M10, M11, F3
	Standing behind/standing by/ taking care of (the patient)	11	M1, M3, M5, M6, F1, M9, M11, F3, M12, M13, F5
	Raising morale/good humor	3	M1, M11, M13
	Everything/indispensable	4	M1, M5, M8, F1
	Communicating/talking/asking after (their well-being)	3	M11, M13, F4
	Being cared about/being valued/not being belittled/ not being despised/being accepted as they Are/ not being prejudged	5	M3, M11, F3, M12, F4
	Trust	3	M6, M11, M13
	Cooperation/exchange of ideas/unity/solidarity/ fraternity/sharing	10	M2, M3, M6, M8, M9, F2, M10, M11, M14, F4
Care	Help/mutualization	11	M1, M2, M3, M4, M6, M8, M9, M11,F3,F4, F5
	Medication	3	F1, M10, M14
	Cleaning/food/clothes/meeting needs	6	M4, M5, M6, M8, F2, M10
	Knowing the disease	2	M12, M13
	Taking (the Patient) to the Hospital or doctor/transportation	4	M4, M8, F2, F4
Financial support	Buying cigarettes	3	M4, M3, M5
	Money/allowance/commodity	16	M1, M2, M4, M6, M7, M8, F1, M9, F2, M10, M11, F3, M12, M13, M14, F5
Support for socializing	Going out together for social purposes/visiting places/ being allowed to visit places	5	M1, M8, M9, M10, F5
	Participation in social activities	3	F3, F5, M6
	Being allowed to work	2	F1, F3

Analysis of the interviews revealed four themes regarding the definitions and expectations of family support among individuals with schizophrenia. These were financial, emotional, care, and support for socializing (Table 3).

Theme 1: Emotional Support

Participants mostly emphasized emotional support when describing family support. They described it using terms like "love, respect, attention, unity, empathy, being valued, being supported, being cared for, trust, sharing, and solidarity." The most frequently mentioned concepts amongst 11 participants were "standing behind, standing by, and taking care of."

Participants indicated that family support was essential, considering it indispensable for coping with their illness and life challenges:

> "*Family, I think, is everything in this illness. That is, (family is an) indispensable thing, one wouldn't be in my (current) condition without them.*" (M1)

> "*Family support is indispensable… They (my family) are like bread and water to me.*" (M5)

> "*One would feel incomplete without family support, I think…*" (M13)

Participants emphasized the importance of family support during the recovery process. One participant expressed this as follows:

> "*I reached this level with my family. Family is very important in this disease. That is, the more support people receive from their family, the faster they will overcome their illness.*" (M1)

Participants emphasized that they expected their families to accept them as they were, adopt a non-prejudiced attitude

toward their illness, stand by them throughout the illness process, and support them with the same trust and encouragement as in the past:

"*I think family support means that their parents accept them as they are and they do not hold prejudices against the illness.*" (F3)

"*Family support means standing by me in any situation... They all know about my illness anyway, and they need to act accordingly. I mean, before my diagnosis, when I did something, they would say, "If M12 did it, he must have a good reason." I'm now ill, and I'd like them to still say it, like "M12 must be right, we are behind him.*" (M12)

"*I'd like them to support me despite my delusions, that's it. I'd want them to be supportive in all circumstances.*" (M12)

Participants defined family support through elements such as love, compassion, care, empathy, and spending time together. They expect family members to refrain from belittling or demeaning, and approach them with understanding:

"*...if a mother doesn't despise her son, he's the happiest person. A mother should show love, compassion, and attention… because I need love, compassion, attention.*" (M3)

"*Family support means a mother or a father wouldn't insult their son, they would take care of him, hold his hand, eat together, drink together.*" (M3)

"*Sharing, unity, togetherness, supporting each other, being united in good and bad times…*" (M6)

"*(Family support is) when I'm valued, loved, when my opinions and own views are valued… After these, when I see the love of my husband, when I feel loved…*" (F4)

"*I'd like them to approach us with empathy.*" (F5)

"*Even being asked about my day can lift me so much. I'm already in need of attention, sympathy, or good treatment, and when a person acts angrily, I naturally react to them the same way.*" (M11)

Some participants stated that they did not receive sufficient support from their families and that negative attitudes made their illness processes difficult. Physical and emotional violence, indifference, and insensitivity lead to feelings of worthlessness and loneliness:

"*My parents are the ones who harass me. They put me in this situation. He used to beat me even when I was a child. May God not let anyone inflict this pain on their family. Everything, my life is shattered, I don't know what to do.*" (M3)

"*Is there anything more valuable than a person's spouse? If your family or spouse doesn't want you... We also have some of that logic. My wife says I'm tired, I've been dealing with you for 10 years, you can't stand on your feet.*" (M9)

"*It affects me very badly that my father is usually on the phone and not paying attention to me.*" (M11)

"*My father cannot act very maturely, for example, when it is obvious that I am experiencing an attack, he says, "Oh, are you having an attack again, what is wrong with you, are you sick again, you are sick," so I feel in a difficult situation in this respect...*" (F3)

"*My relatives always underestimate me, they think I can't wrap my head around anything, they think they know better…*" (F4)

"*She is ill and does not know what she is saying…*" (F4)

One participant stated that the loss and grieving process had a negative impact on illness, disrupting their emotional balance and triggering a relapse:

"*She (mother) was a good-hearted person. Her death shook me so much. I felt a void after that, so I couldn't recover easily. My disease started to relapse.*" (M11)

Theme 2: Care

The participants defined family support as encompassing physical care and assistance with daily activities. These activities included feeding, hygiene, medication management, and household chores. The importance of family collaboration and shared responsibilities in providing comprehensive support during times of illness was also emphasized:

"*I think (family support is) helping them when people are ill and doing whatever is necessary.*" (M1)

"*Care is when they give me food, take me to places, for example, the hospital… or, when something comes up, my mother helps me. My mother takes care of my hygiene. I can't iron my shirt, make my bed, or bring myself food, because my condition is severe, and my hands are shaky... My family takes care of these things, I can't deny it.*" (M4)

"*My family provides me with care, they take care of what I wear, what I eat. My wife cares for my needs, like she reminds me to eat, take my medicine…*" (M10)

"*Helping the family in every aspect. Cleaning, household chores, running errands, collaboration…*" (M8)

Theme 3: Financial Support

Participants mentioned the concept of "material" as an adjective when defining family support and expressing their expectations. They also emphasized financial support by using expressions such as money, allowances, and cigarettes. For example:

"*Support is different, you know, it can be financial support…*" (M2)

"*I can't afford cigarettes, my mum buys them.*" (M4)

"*Family support, that is, in terms of money, allowance…*" (M7)

"*They've helped me a lot financially, about my illness…*" (F1)

Two participants (M3, M13) reported that their families did not provide financial support, did not care about their needs, and refused to support them:

"*I'm not getting support from my family. They just bring cheese and bread, so that I don't starve. They don't give me money to buy cigarettes. Why? I saw my father in a coffeehouse, I said, "Dad, I don't have any money, can you buy a cup of tea for me?" He didn't get me tea, but he swore at me in front of everyone, I was humiliated.*" (M3)

One participant reported the family's prioritization of health and happiness over financial concerns, quoting his mother:

"*My child, my son, don't you worry about it. Who cares about money, I only wish you stay well.' This, I think, is support.*" (M1)

Theme 4: Support for Socializing

Participants indicated a desire to participate in social activities and spend time outdoors with the support of their families. They expressed a wish to engage in such activities not only in the context of treatment groups but also in the company of their families. Furthermore, they expressed hope that their families would provide support for personal decisions, such as the pursuit of hobbies or employment, without the imposition of negative judgement:

"*For instance, while sitting at home, they say "Brother, let's go out, let me take you somewhere and get you tea. You know, it would be a change, you'd get some air, you'd see places…*" (M1)

"*…in a social sense.*" (M6)

"*Family support means, that is, involves visiting places, going outside together; visiting social settings with our family is necessary.*" (M9)

"*I'd like them to go to the market with me, go shopping with me.*" (M10)

"*I'd like them to support my decision to join choirs and courses and not approach these things negatively. Other than this, my father doesn't want me to work due to my illness. But I'd like him to allow me.*" (F3)

"*Children with our condition, for example, have a greater need for social engagement. I'd like to take part in social activities with my family. The theater, the cinema… I mostly go to places and attend events with people from CMHC. I'd like to be outside with my family, somewhere other than here, just be out and about… I visit places, but I'd like to visit the bird sanctuary.*" (F5)

Discussion

In this study, as a result of the analysis of the participants' statements, family support was classified under four themes: financial support, emotional support, care, and support for socializing.

Participants emphasized the importance of emotional support the most and defined it using concepts such as love, respect, empathy, and mutual understanding. Similarly, in studies conducted in Türkiye, emotional support was the dominant type of support for individuals with schizophrenia.[17,18] This finding was consistent with the strong family ties in Turkish culture, where individuals with schizophrenia often live with their families, and emphasized the importance of emotional support. In addition, in this study, the most frequently expressed concept in the emotional support type was "standing behind, standing by, and taking care of." Similarly, Aldersey et al.[16] stated that the families of individuals with serious mental illness were "there" (physically or otherwise communicating), which had a positive effect on recovery. The statement of one of the participants in the current study, "I wish they were behind me despite my delusions," reveals this situation.

In the current study, the participants emphasized that family support was an indispensable element in the disease process and expressed this with the statement "Family support is indispensable." Family support was considered a necessary element for participants to cope with the challenges of the disease by helping them feel valued, cared for, and accepted. Many participants emphasized the importance of being treated with compassion and not experiencing prejudice and described family support as critical to both emotional well-being and recovery. These findings were consistent with those of a qualitative study by Wulandari et al.,[3] who emphasized the necessity of family support in the recovery process of individuals with schizophrenia. Wulandari et al.[3] emphasized the importance of emotional support, effective communication, and family unity in the recovery process. In addition, unlike the present study, they discussed the concept of motivation.

Similarly, Chronister et al.[27] examined the perceptions of individuals with serious mental illness regarding social support and emphasized that a supportive environment that includes acceptance and respect could reduce the negative impact of stress factors associated with stigmatization and discrimination and facilitate positive outcomes. In this study, one of the participants stated that her opinions were not respected with statements such as, "She is ill and does not know what she is saying." Similarly, Gök et al.[28] emphasized that individuals with schizophrenia often perceived that their opinions were not respected and that their needs were ignored after diagnosis. These findings emphasized that family members should accept mental illness as a part of the individual and see them as a whole rather than defining them only by their illness.

In the current study, participants emphasized the importance of positive attitudes, good approaches, and understanding from their families, while participants who did not receive adequate support and care from their families and were exposed to physical and emotional violence emphasized that they faced great difficulties in managing their illness and experienced negative effects on their psychological well-being.

In their qualitative study, Jameel et al.[29] argued that family attitude and the patient's role in the family were the two main factors that significantly affected the emotional well-being of individuals with schizophrenia. Similarly, Güner[30] concluded that family attitudes played an important role in facilitating and complicating the recovery process, which was consistent with the findings of this study.

Family support was identified as a protective factor against the recurrence of schizophrenia-related symptoms.[10] Individuals with schizophrenia who received adequate support and care from family members after discharge had lower relapse rates and could lead more productive lives in the community.[31–33] Similarly, Sariah et al.[34] found in their qualitative study that criticism from caregivers and a lack of support in times of need contributed to psychological distress, which might increase the risk of relapse.

In this study, the theme of care support included helping family members with self-care needs (nutrition, hygiene, etc.), raising awareness about the disease, and providing medication and treatment support. Findings of this study emphasized that care support played an important role in maintaining daily living skills and facilitating life adaptation in individuals with schizophrenia. Similarly, Karancı et al.[17] stated in their qualitative study that individuals with schizophrenia expected instrumental support from their families, such as basic needs, financial and information support, help with daily tasks, and guidance in disease management, and they found it useful. Chronister et al.[27] revealed the role of social support in activities of daily life and illness management in individuals with serious mental illnesses. Gurusamy et al.[35] also stated that providing assistance to individuals with schizophrenia created a family factor that facilitated daily life as well as meeting their needs.

Family members play an important role in ensuring that individuals with schizophrenia adhere to their medication regimen and that individuals with strong family support are more likely to take their medication regularly.[9,36] Similarly, the findings of this study, in which family members reminding participants to take their medication and accompanying them to doctor visits were identified as family support, overlapped with the literature emphasizing that family support positively affects the coping mechanisms of individuals with schizophrenia.[37] However, Lani et al.[38] emphasized that family support was often insufficient to help individuals with schizophrenia fulfill personal hygiene tasks, especially bathing. In the current study, participants emphasized that they expected their families to know and understand the disease and provide support accordingly. Similarly, Ilmy et al.[39] found that family members caring for individuals with schizophrenia lacked knowledge about the illness and its management, which increased their burden of care. This study was consistent with these findings because it emphasized the expectation that the families of individuals with schizophrenia understand the illness and provide care and behavior accordingly.

In this study, under the theme of financial support, participants saw family support as including financial assistance such as money, allowance, and cigarette purchases, and expressed their expectations in this area. Steinberg[40] stated that smoking prevalence was particularly high among individuals with schizophrenia and emphasized the significant financial burden this creates. Furthermore, financial incentives were shown to significantly increase medication adherence in individuals with psychotic disorders.[41] However, emotional and financial difficulties also place a significant burden on family caregivers, as highlighted in a systematic review by Sustrami.[42] Financial resources and money are critical to the quality of life, as emphasized by Durgoji et al.,[43] who found that individuals with schizophrenia say, "Without money, we can do nothing." Similarly, in this study, participants associated family support with financial assistance and meeting needs such as cigarettes. This is in line with the findings of Başbuğ,[18] who reported that the most common challenges for individuals with schizophrenia were unemployment and financial problems, and that financial support was an important form of help. Jose et al.[44] also emphasized that recovery perspectives often include "living with the family, working for the family and contributing to the family." However, in this study, most participants were unemployed and relied on their families for financial support.

In this study, under the theme of support for socializing, individuals with schizophrenia perceived participation in social activities, encouragement, and permission to participate in these activities as a supportive factor. Similarly, Chronister et al.[27] defined community socializing support as helping participants find and access social, leisure, and recreational activities. Karancı et al.[17] also defined access to friendship/recreational activities as socializing support. In addition, the same study emphasized that attending a schizophrenia association and spending time with friends provided patients with socialization opportunities.

In the current study, participants stated that they wanted to participate in social activities such as theater and cinema, especially with their families, rather than with their friends at the community mental health center and association. Individuals with schizophrenia tend to spend more time resting or idle compared to the general population, and less time on both functional activities and social or leisure pursuits.[45] In a study by Høier et al.,[46] individuals with schizophrenia with impaired social functioning reported very little activity throughout the day, and most participants had minimal social interaction in their daily lives. Supporting the socialization of individuals with chronic mental illnesses was shown to improve social functioning and reduce levels of social isolation and lone-

liness.[47] According to a systematic review, participation in leisure activities was shown to provide significant benefits for individuals with schizophrenia in various dimensions, including cognitive, clinical, functional, and quality of life.[48]

In light of this information, the participants' desire for socializing support was consistent with existing literature. Although this study did not emphasize the effects of socialization, it emphasized the importance of family in encouraging social interaction and ensuring that it was perceived as a source of support.

Strengths and Limitations

One of the main limitations of this study was that it only included individuals who were actively involved in the Community Mental Health Center (CMHC), thus excluding those who were unable to participate or were not enrolled. This may have resulted in a partial representation of the larger population of individuals with schizophrenia. In addition, this study ignored the perspectives of family members by focusing only on patients' perceptions of family support. Including family members in this study could have provided a more comprehensive understanding of the dynamics of family support.

Despite these limitations, the strength of this study was its focus on actual experiences and the meanings attributed to them. Future research should include systematic reviews, comprehensive studies with larger samples, qualitative and quantitative approaches, and scales developed on the basis of these findings to gain a more in-depth understanding of the impact of family support on individuals with schizophrenia.

Conclusion

In this study, the views, expectations, and experiences of individuals with schizophrenia regarding family support were examined under four themes: financial support, emotional support, care, and support for socializing. The most emphasized form of support among the participants was emotional support, and the expressions "standing behind, standing by, supporting" stood out as the basic elements of this theme.

While the concepts of "help, mutualization" came to the fore in the care support theme and "money, allowance" came to the fore in the financial support theme, the participants emphasized their desire to participate in social activities together within the scope of socializing.

In line with these findings, it was recommended that family intervention programs that particularly increase emotional support be developed. Revealing expectations of individuals with schizophrenia regarding family support would create awareness among caregivers, contribute to a better understanding of patients, help healthcare providers develop family intervention programs, and guide the creation of scales for family support.

Ethics Committee Approval: The study was approved by the Marmara University Institute of Health Sciences Non-invasive Clinical Studies Ethics Committee (no: 22/03/2021-42, date: 13/10/2021).

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